

## **Grant Disbursement Guidelines**

### **Brownfields Stipulated Assessment Grants**



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## **General**

The policies in these *Disbursement Guidelines (Guidelines)* apply to Brownfields Stipulated Assessment Grants administered by the Indiana Finance Authority (IFA) through the Indiana Brownfields Program (Program). The following general items apply to all disbursements subject to these *Guidelines*:

- All grant recipients are required to execute a Financial Assistance Agreement (Agreement) with the IFA.
- Brownfields Stipulated Assessment Grants are not retroactive.
- Request for payments should not be submitted until the applicable grant conditions, if any, have been satisfied.
- Payment will be made only to reimburse expenses related to activities approved by the Program and included in the Agreement. Invoices and back up documentation are required.

## **Eligible Costs**

Costs for performing environmental assessment activities (Phase I and Phase II investigations, lead-based paint surveys, asbestos surveys, and Remediation Work Plan preparation) are eligible for reimbursement. Additional information about eligible activities is included in the Brownfields Stipulated Assessment Grant Guidelines. Other important items related to eligible expenses include:

- Maximum “mark up” on all subcontractor work and rental equipment is 10%.
- Travel and lodging costs will be paid in accordance with state policy and rates.
- A maximum of 5% of a grant award may be used to reimburse professional services costs not accounted for in the scope of work. These may include (but are not limited to) the following: application preparation, planning/site meetings, bid package preparation, and coordination with Program staff. These tasks must be related to the site/project that is the subject of the grant award and cannot be used for general marketing or community outreach activities. Detailed accounting of these costs will be required prior to payment.
- For all awards, scopes of work must be submitted on the Scope of Work/Payment Request Form included in these *Guidelines* on page 4 (an electronic version is available at <http://www.brownfields.in.gov>). Requests for payment must also be submitted on this form and should be accompanied by the appropriate supporting documentation.

## **Ineligible Costs**

The following costs are ineligible for reimbursement unless **approved in writing in advance** by the Program:

- Costs incurred prior to final execution of Agreements, approval of scope of work, and before receipt of notice to proceed from the Program.
- Costs incurred outside the grant period (2 year period from the date of execution of Agreements).
- Expenses outside the approved scope of work.
- Costs incurred as a result of unapproved changes to the approved scope of work.
- Costs incurred while performing field work for which Program project managers have not been provided adequate notice (at least 2 weeks prior to planned field activities).

All reimbursements will be made for items/charges at the unit rates included in the approved scope of work. A Program representative must provide advance approval of any expenses that are shifted between approved items (see Scope of Work/Payment Request Form for more information). If an activity is performed under budget or below the approved amount, the difference may not be used for other activities or in other categories unless approved in advance.

### **Process**

Requests for payment should be submitted using the Scope of Work/Payment Request Form and should be accompanied by all required supporting documentation.

- Please see Scope of Work/Payment Request Form on page 4 for milestones after which invoices can be submitted. No more than 8 requests for payment can be submitted. If a request for payment is submitted prior to the completion of the corresponding milestone, the invoice will be held and will not be paid. **The Program reserves the right to request additional information about any payment request.**
- All invoices should first be submitted to the Grant Recipient for approval. All requests for payment sent to the Program for processing must be accompanied by the Disbursement Request Form found on page 5 of these *Guidelines* (an electronic version is available at <http://www.brownfields.in.gov>).
- Submit all invoices for each eligible cost that you are submitting for reimbursement. Invoices should contain a detailed explanation of the work performed. They should identify the nature of the services and/or materials provided, the amount charged for the services and/or materials, the identity of the provider, and the dates on which the services and/or materials were provided. If an invoice identifies subcontractor costs, include a copy of the subcontractor's invoice.
- Submit copy(ies) of written approval(s) for any changes to approved scope of work included in invoices for reimbursement.
- Payment will be triggered by the satisfactory completion of the activities outlined in the payment request. The payment for the reporting task will be withheld until the Program issues a Comment Letter regarding the work performed.

### **Forms**

The following is a list of applicable forms for Stipulated Assessment Grant awards:

- Scope of Work/Payment Request Form (page 4; electronic copy at <http://www.brownfields.in.gov>)
- Disbursement Request Form (page 5; electronic copy at <http://www.brownfields.in.gov>)

	Quantity	Unit	Unit Rate	Approved SUBTOTAL	Approved Task TOTAL	Approved Category TOTAL	Invoice #1 (Date)	Invoice #2 (Date)	Invoice #3 (Date)	Invoice #4 (Date)	Invoice #5 (Date)	Invoice #6 (Date)	Invoice #7 (Date)	Invoice #8 (Date)	Amount Remaining
I. Category - Phase I Environmental Site Assessment						\$ -									\$ -
II. Category - Phase II Environmental Site Assessment						\$ -									
A. Task - Scope of Work / Health and Safety Plan					\$ -										\$ -
B. Task - Field Activities					\$ -										
(1) Staff Hours (list hours for each staff separately for this Task)				\$ -											\$ -
			\$ -												
			\$ -												
			\$ -												
			\$ -												
(2) Materials and Equipment (list each separately for this Task)				\$ -											\$ -
			\$ -												
			\$ -												
			\$ -												
			\$ -												
			\$ -												
			\$ -												
			\$ -												
			\$ -												
			\$ -												
(3) Travel (reimbursed at state rates)				\$ -											\$ -
Mileage		mi	\$ 0.40												
Hotel		night	\$ -												
(4) Mobilization				\$ -											\$ -
(5) Subcontractors (list all subcontractors separately for this Task)				\$ -											\$ -
			\$ -												
			\$ -												
			\$ -												
			\$ -												
			\$ -												
			\$ -												
			\$ -												
C. Task - Report					\$ -										\$ -
III. Category - Asbestos and Lead Paint Surveys						\$ -									
A. Task - Scope of Work / Health and Safety Plan					\$ -										\$ -
B. Task - Field Activities					\$ -										
(1) Staff Hours (list hours for each staff separately for this Task)				\$ -											\$ -
			\$ -												
			\$ -												
			\$ -												
			\$ -												
(2) Materials and Equipment (list each separately for this Task)				\$ -											\$ -
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			\$ -												
			\$ -												
(3) Travel (reimbursed at state rates)				\$ -											\$ -
Mileage		mi	\$ 0.40												
Hotel		night	\$ -												
(4) Mobilization				\$ -											\$ -
(5) Subcontractors (list all subcontractors separately for this Task)				\$ -											\$ -
			\$ -												
			\$ -												
			\$ -												
			\$ -												
			\$ -												
			\$ -												
C. Task - Report					\$ -										\$ -
IV. Category - Remediation Work Plan / Health and Safety Plan / QAPP						\$ -									\$ -
V. Category - Professional Services (maximum 5%)		hr	\$ -			\$ -									\$ -
TOTAL						\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
1. I, IIA, IIC, IIIA, IIIC, IV, and V are lump sum estimates.															
2. Following Program approval of a scope of work, Program pre-approval is not required for costs shifts within the following: IIB(1), IIB(2), IIB(3), IIB(4), IIB(5), IIIB(1), IIIB(2), IIIB(3), IIIB(4), and IIIB(5). Pre-approval is required for all other changes.															
3. There will be an opportunity to submit up to 8 separate invoices and receive 8 separate payments. Invoices can be submitted less frequently, but no more often than after the completion of the following activities: I, IIA, IIB, IIC, IIIA, IIIB, IIIC, and IV.															
4. Requests for payment must be submitted on this form and be accompanied by a signed Disbursement Request Form from the Grant Recipient for payment (separate form that is available as part of the Grant Disbursement Guidelines). More information about required documentation is included in the Grant Disbursement Guidelines.															
Brownfields Stipulated Assessment Grant Scope of Work/Payment Request Form - November 1, 2006															

## **INDIANA BROWNFIELDS PROGRAM - DISBURSEMENT REQUEST FORM**

**Instructions:** This Disbursement Request Form is to be typed and completed by the Grant Recipient for each payment request.

- The Disbursement Request Form is to be used for all eligible costs associated with the Grant Recipient's brownfields redevelopment project.
- Attach a copy of the claim (a bill, invoice or a statement) supporting this Request.
- Requested amounts must be rounded to the nearest whole dollar.
- Attach the Program change order approval if any part of the current claim is a result of a change order.

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1. Grant Recipient: \_\_\_\_\_  
2. Contact Person: \_\_\_\_\_  
3. Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

4. Phone No.: ( ) \_\_\_\_\_  
5. Email: \_\_\_\_\_

6. Participant's Authorized Representative: \_\_\_\_\_  
7. Authorized Representative's Phone No.: ( ) \_\_\_\_\_

8. Pay Request No. (Invoice No.): \_\_\_\_\_  
9. Description of work for which claim is being made (service, fees, type of, etc.): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. Consultant: \_\_\_\_\_  
11. Contact Person: \_\_\_\_\_  
12. Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

13. Phone No.: ( ) \_\_\_\_\_  
14. Email: \_\_\_\_\_

15. Amount of this Request: \$ \_\_\_\_\_  
16. Original Grant Amount: \$ \_\_\_\_\_  
17. Total Amount of Previous Disbursements: \$ \_\_\_\_\_  
18. Balance Available after this Disbursement: \$ \_\_\_\_\_

19. Is any part of this claim a result of a change order? YES \_\_\_\_\_ NO \_\_\_\_\_  
\*If yes, please attach the Program change order approval

20. Do you want payment mailed directly to the consultant? YES \_\_\_\_\_ NO \_\_\_\_\_  
\*If yes, payment will be sent directly to the consultant listed in #10 above

The undersigned hereby certifies that this Request is true and correct, that the claim underlying this Request is due in accordance with the Participant's Financial Assistance Agreement with the Authority.

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**AUTHORIZED REPRESENTATIVE SIGNATURE**

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**Date**